



KENTUCKY HEALTH BENEFIT EXCHANGE
HEALTH INSURANCE
IS FOR EVERYONE. GET YOURS.



CAC Reporting Requirements

May 2017



CAC Reporting Requirements

This presentation will explain the new requirement for CAC reporting, clarify the reporting template, and further detail the instructions for report items and submission timelines.

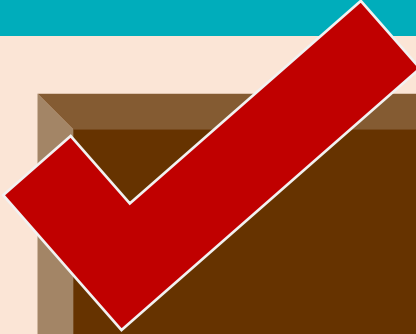
Kentucky Regulation

900 KAR 10:200E, Section 12(3)(c) - <http://www.lrc.ky.gov/kar/900/010/200.htm>

Section 12. Certified Application Counselor Program.

- (1) The certified application counselor program shall comply with the provisions of 45 C.F.R. 155.225.
- (2) An organization may apply to the office to be designated as a certified application counselor.
- (3) Upon designation by the office to participate in the certified application counselor program, an organization shall:**
 - (a) Act in the best interest of an applicant;
 - (b) Provide information in a manner that is accessible to individuals with disabilities directly or through a referral to an application assister; and
 - (c) Provide monthly reports of activities to the office.**
- (4) Staff and volunteers of a certified application counselor organization shall act as an application assister to:
 - (a) Provide information about insurance affordability programs and QHP or SADP coverage options;
 - (b) Assist an individual or employee to apply for coverage in a QHP or SADP through the SBE-FP or an insurance affordability program through benefind; and
 - (c) Help to facilitate enrollment of a qualified individual in a QHP, SADP, or an insurance affordability program.
- (5) An individual operating as a certified application counselor shall:
 - (a) Be identified by a designated organization described in subsection (2) of this section as an employee or a volunteer of the designated organization;
 - (b) Agree to act in the best interest of an applicant;
 - (c) Provide information with reasonable accommodation for an individual with a disability, as defined by the Americans with Disabilities Act, if providing in-person assistance; and
 - (d) Register with the office through the Kentucky online gateway.

Regulation Timelines



900 KAR 10:200E, Section 12(3)(c), took effect on November 1, 2016.



Certified Application Counselors are required to report monthly enrollment activities to the Kentucky Office of the Health Benefit and Information Exchange.



CAC will send their report quarterly.
Reports will be sent in March, June, Sept, and December.

Quarterly Reports

First Quarter

January 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

February 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

March 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

Second Quarter

April 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

May 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

June 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

Third Quarter

July 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

August 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

September 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

October 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

November 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

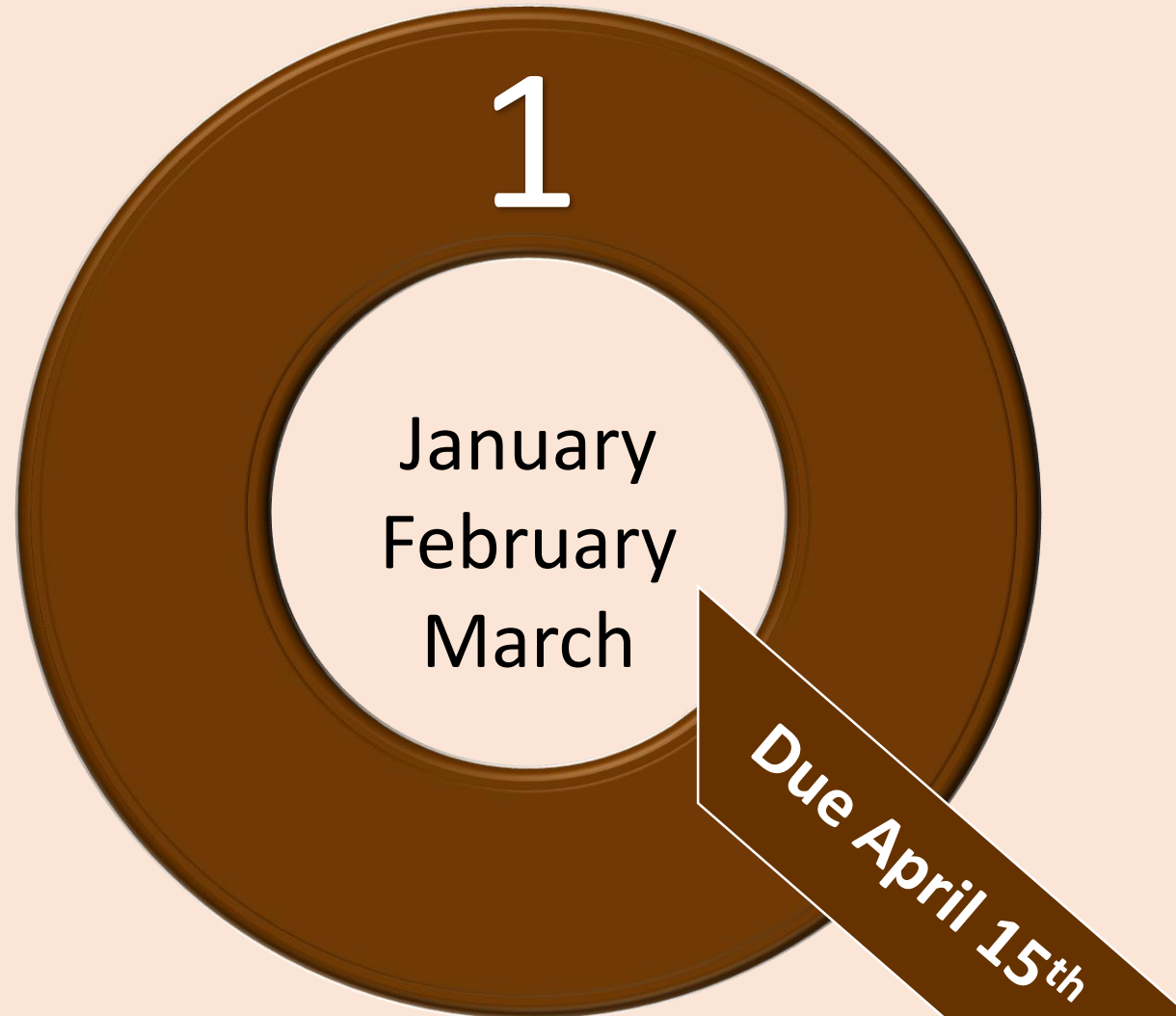
December 2017

Jan	Feb	Mar	Apr	May	Jun
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

Fourth Quarter

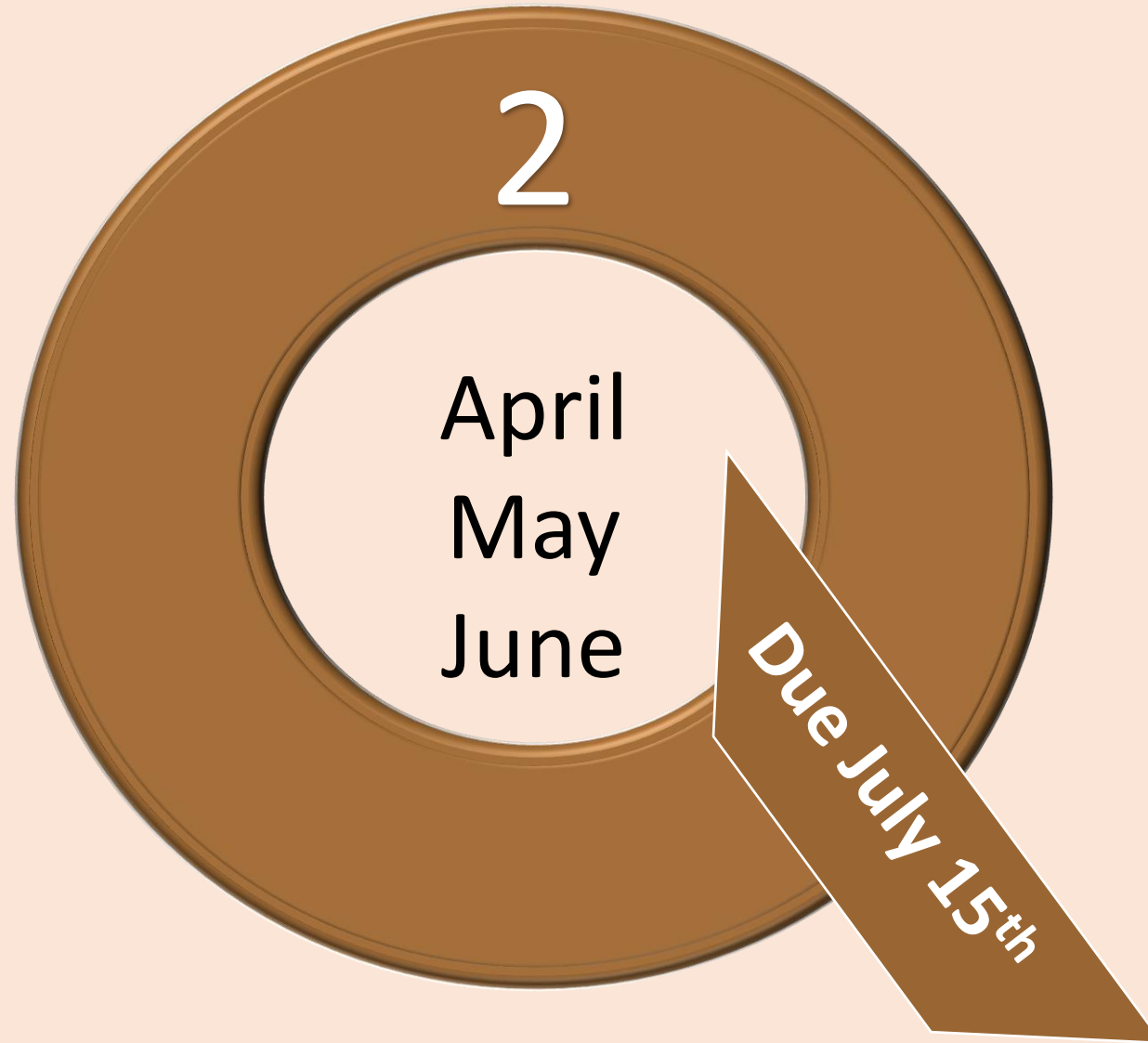
October
November
December

First Quarter Q1



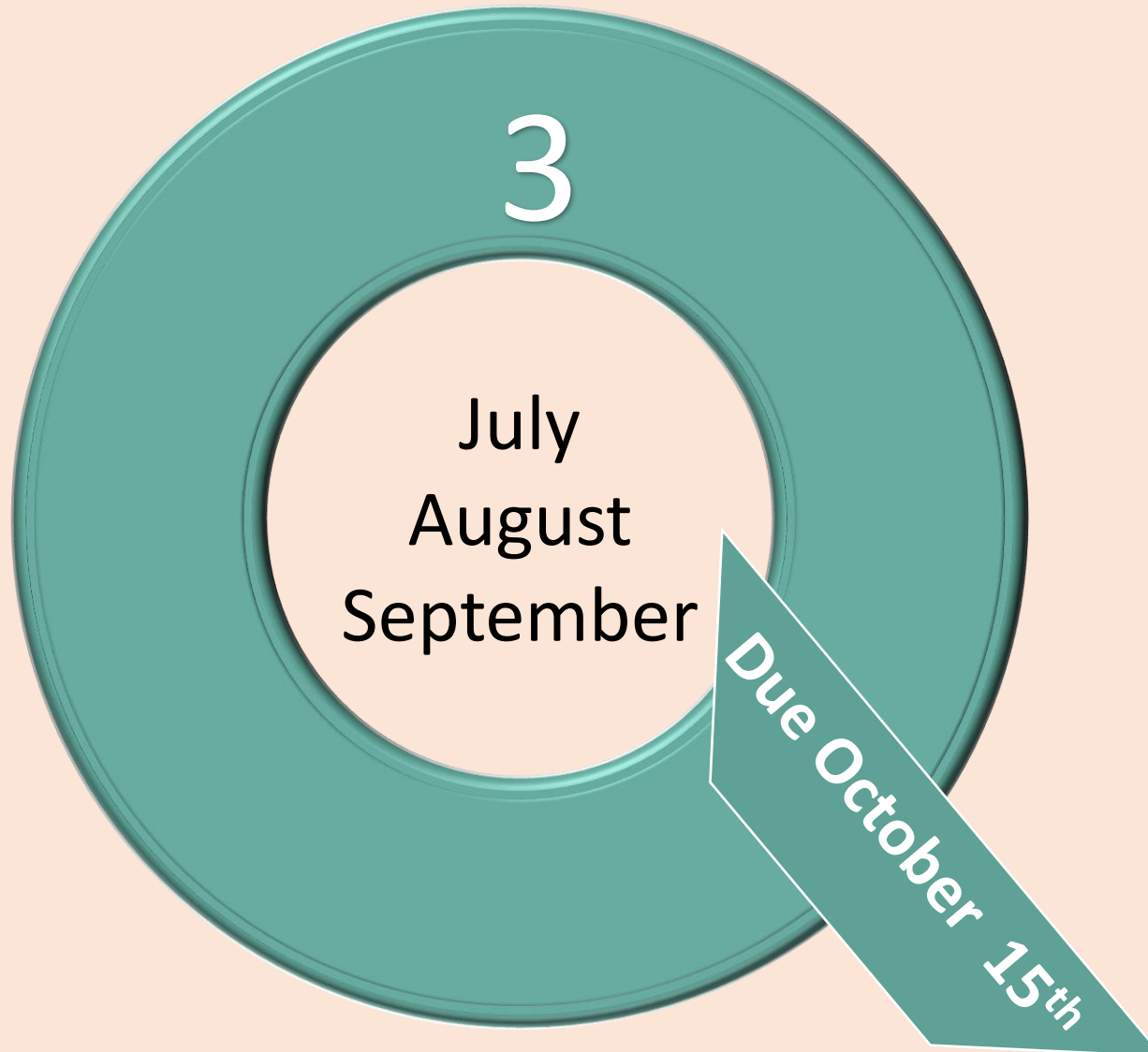
Second Quarter

Q2



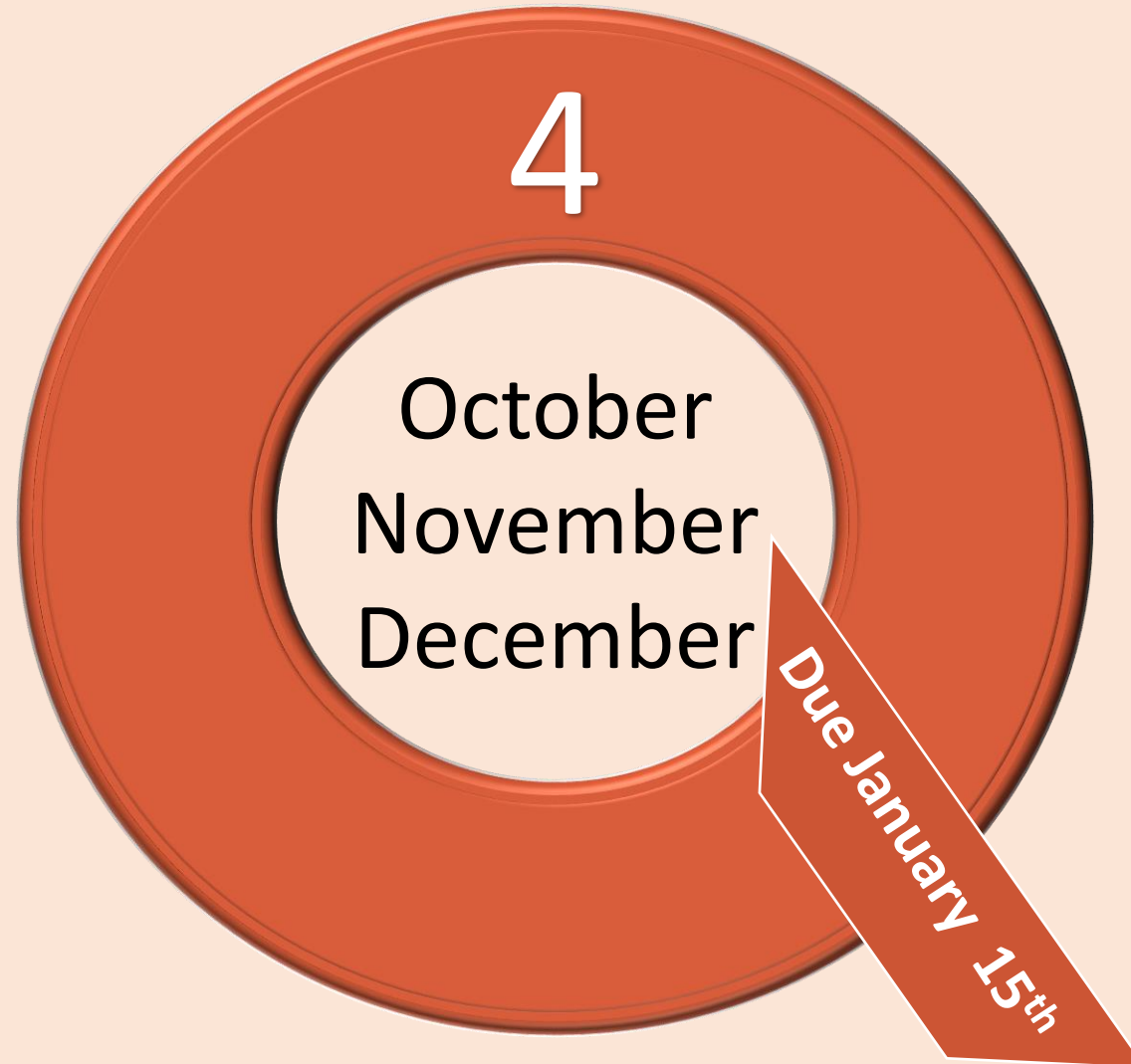
Third Quarter

Q3



Fourth Quarter

Q4



Quarterly Reports

January 2017

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Enter January 2017
information into report
form for the month of
January

February 2017

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Enter February 2017
information into report
form for February

March 2017

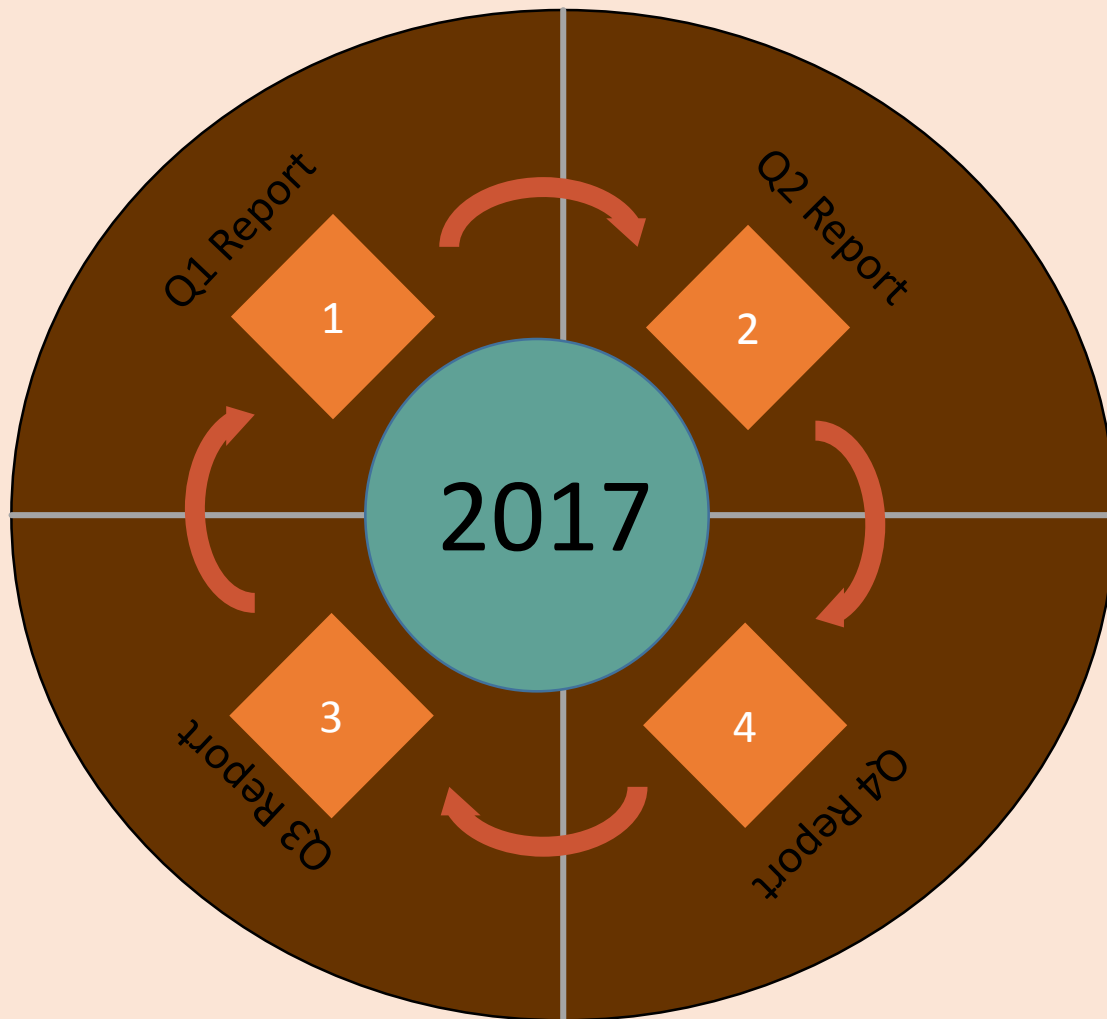
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Enter March 2017
information into report
form for March

Three report forms are
submitted to KOHBIE for Jan,
Feb, and March by April 15th

APRIL 2017						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Quarterly Reports



Four Reports per year:

April 15th
July 15th
October 15th
January 15th 2018

Three months at a time:

January/February/March
April/May/June
July August/September
October/November/December

Twelve Forms:

Each month is reported on one form



Completing and Submitting the Form

This section will review the form and each field. We will explain what information should be entered into each column as well as how to submit a completed form.

CAC Reporting Template Overview

Self-reported Metrics Template

Note: One (1) month per report and one (1) county per row

Reporting Period	
Date Submitted	

Reporting
period/dates

Self-reported Metrics Template

Organization Information			
Identifier	Organization Administrator		
Organization Name	Name: Title	Name: Last	Name: First

Organization/Administrator
identifier

Five Performance Metrics columns

- Coverage Model
- Focus
- Outreach and Education
- Operations
- Talent Management

Performance Metrics (one month per report and one row per county)

Identifier			1. Coverage Model						2. Focus					3. Outreach and Enrollment			4. Operations	5. Talent Management				
Entity Name	County	Reporting Period	# of Applications Started	# of Applications Completed (Medicaid eligible)	# of Applications Completed (QHP eligible)	# of Applications In Progress (Outstanding as of last day of reporting period)	# of Medicaid Renewals (This \$ is included in the month that the renewal was confirmed; NOT the renewal effective date month)	# of QHP Plan Renewals (This \$ is included in the month that the renewal was confirmed; NOT the renewal effective date month)	# of Enrollment Related Contacts	# Hours Spent on Enrollment Assistance	# of Referrals Sent by Type of Referral						# of Referrals Received	# of Appointments with Customers	# of Direct Contacts with Customers (phone or in-person)	# of Follow-Up Calls Made to Customers	# of Reported Privacy and Security Breaches	# of CACs Trained and Certified
											DCBS	IPA	In a Agent	Other CAC	Other	Call Center						

Reporting Information

Reporting Period

This is the time period being reported. Enter month that corresponds with the data being entered.

For Quarter 1, you will have one form for January, one form for February, one form for March.

Date Submitted

This is the date you send the report to KHBE.

Quarter 1 is due April 15th, 2017. As an example, you may enter April 12th if this is the date you submit your quarterly report.

File Home Insert Page Layout Formulas Data Review View Tell me what you want to do

Cut Copy Paste Format Painter Clipboard

Arial 8 A⁺ A⁻ B I U Font

Alignment Merge & Center

SECURITY WARNING Automatic update of links has been disabled Enable Content

J9 X ✓ fx

A B C D

1 Self-reported Metrics Template

2 Note: One (1) month per report and one (1) county per row

3

4

5

6

7 Self-reported Metrics Template

Reporting Period March 2017

Date Submitted

'November 2016
'December 2016
'January 2017
'February 2017
'March 2017
'April 2017
'May 2017
'June 2017

Reporting Information

Example:

We selected March 2017 from the dropdown menu and entered 04/15/2017 as the date submitted to KHBE.

FileHomeInsertPage LayoutFormulasDataReviewViewTell me what you want to do

Cut

Copy

Paste

Format Painter

Arial8

B

I

U

Wrap Text

Merge & Center

ClipboardFontAlignment

! SECURITY WARNING Automatic update of links has been disabledEnable Content

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	A	B	C	D
1	Self-reported Metrics Template			
2	Note: One (1) month per report and one (1) county per row			
3				
4				
5				
6				
7	Self-reported Metrics Template			

Reporting Period	March 2017
Date Submitted	4/15/2017

Organization Information

Self-reported Metrics Template

Organization Information			
Identifier	Organization Administrator		
Organization Name	Name: Title	Name: Last	Name: First
Access to Justice Foundation	Director	Doe	Jane



Identifier Information

Entity Name:

- Enter agency or branch name in this field

County:

- Use the drop down menu to select county
- Remember to use one row for each county.

Reporting Period:

- Enter the month for the data being entered

The screenshot shows the 'Performance Metrics' report with columns for Entity Name, County, and Reporting Period. A dropdown menu is open for the County column, displaying a list of counties. An orange arrow points to the dropdown arrow icon in the County column header.

Performance Metrics (one month per report and one row per county)		
Identifier		
Entity Name	County	Reporting Period
	▼	
	Adair	
	Allen	
	Anderson	
	Ballard	
	Barren	
	Bath	
	Bell	
	Boone	

Identifier Information

Example information entered:

Each country should be reported on its own line.

Reporting period: there will be three forms for one quarter.

Q1 report that is sent to KHBE will include a form for January, a form for February, and a form for March.

Identifier		
Entity Name	County	Reporting Period
Access to Justice	Fayette	March 2017

1. Coverage Model

of Applications Started: how many applications were started for residents of this county that did not have coverage or started a new application?

of Applications Completed:

- **Medicaid eligible**-applications completed that client did not have existing coverage. (Can include previously started applications)
- **QHP eligible**- applications completed that client did not have existing coverage. (Can include previously started applications)

Completed is defined as an eligibility determination has been generated. Some completions may not include an enrollment.

1. Coverage Model		
# of Applications Started	# of Applications Completed (Medicaid eligible)	# of Applications Completed (QHP eligible)

1. Coverage Model (continued)

of Applications in Progress:

- Enter the number of applications that have been started but not completed.
Some of these applications may have been started in previous months.

of Medicaid Renewals:

- Enter number of Medicaid renewals completed during the report month.
- It counts as a renewal if the client still had benefits at the time of renewal.
- If they had been terminated, it is a new application.
- Renewals are reported in the month they are completed, which may not be the month they are started.

of QHP Renewals:

- Will be zero until next open enrollment period

Renewals:

The number of Medicaid or QHP renewals is counted in the month the renewal is confirmed, not the effective date month.

# of Applications In Progress (Outstanding as of last day of reporting period)	# of Medicaid Renewals (This # is included in the month that the renewal was confirmed; NOT the renewal effective date month)	# of QHP Plan Renewals (This # is included in the month that the renewal was confirmed; NOT the renewal effective date month)

1. Coverage Model (continued)

1. Coverage Model

# of Applications Started	# of Applications Completed (Medicaid eligible)	# of Applications Completed (QHP eligible)	# of Applications In Progress (Outstanding as of last day of reporting period)	# of Medicaid Renewals (This # is included in the month that the renewal was confirmed; NOT the renewal effective date month)	# of QHP Plan Renewals (This # is included in the month that the renewal was confirmed; NOT the renewal effective date month)
50	32	10	8	15	0

50 new applications
 32 completed for Medicaid
 10 completed for QHP

8 applications in progress
 15 Medicaid Renewals
 0 QHP Renewals

2. Focus

of Enrollment Related Contacts

- Enter number of case related contacts.
At minimum this will be the sum of your applications started plus renewals. Also include “case work” for example, reporting a change, uploading documents, etc.

Hours spent on Enrollment Assistance

- Enter time spent on enrollments or follow-up activities.

of Referrals Sent by Type of Referral

- Enter referrals sent to other entities. Seven entity categories (including “Other”) are listed in order to provide greater detail.

of Referrals Received

- Enter referrals received from any source, including the call center.

[illegible]

2. Focus

2. Focus

# of Enrollment Related Contacts	# Hours Spent on Enrollment Assistance	# of Referrals Sent by Type of Referral							# of Referrals Received
		DCBS	IPA	Ins. Agent	Other CAC	Healthcare.gov	Call Center	Other	
100	75	15	65	2	0	7	10	1	28

- Remember that an enrollment related contact is any interaction that is driven by enrollment efforts. This includes activity such as:
 - applications
 - renewals
 - reporting a change
 - uploading documents
- Hours are the cumulative total of all hours for the CAC for the month.
- Referrals Sent is a count of the number of times you had to send a consumer to another entity. You may complete an application, then refer someone to DCBS to complete a SNAP application. This would be counted in the first column for DCBS.
- You will also enter the number of referrals you receive.

3. Outreach and Enrollment

of Appointments with Consumers

- Enter the number of appointments by consumer's county of residence.

of Direct (phone or in-person) Contacts with Consumers

- Enter the number of all direct contacts including enrollment and other outreach and education related contacts by county.

of Follow-Up Calls Made to Consumers

- Enter the number of follow-up calls an assister makes for each consumer's county of residence.

3. Outreach and Enrollment

# of Appointments with Consumers	# of Direct Contacts with Consumers (phone or in-person)	# of Follow-Up Calls Made to Consumers

3. Outreach and Enrollment

3. Outreach and Enrollment		
# of Appointments with Consumers	# of Direct Contacts with Consumers (phone or in-person)	# of Follow-Up Calls Made to Consumers
39	183	125

In the Outreach and Enrollment section, you will enter information on these efforts.

Count the number of appointments with consumers

Direct contact may be phone calls or face to face interactions. These may be interactions from public events.

Any follow up with consumers should be counted. This may be new clients who have not applied or may be to an existing client who is close to their renewal date.

4. Operations

4. Operations
of Reported Privacy and Security Breaches

of Reported Privacy and Security Breaches

If consumer PI is compromised, this form **should not** be the first time a privacy or security breach is reported. Any privacy or security breaches should be reported to your program coordinator immediately and then accounted for on this form.

4. Operations
of Reported Privacy and Security Breaches
0

5. Talent Management

5. Talent Management		5. Talent Management
# of CACs Trained and Certified	<div># of CACs Trained & Certified</div> <div>Enter the total number of staff that were trained and certified as of that month. Enter the information in the corresponding county where their home office is located.</div>	# of CACs Trained and Certified
		2

Completed CAC Reporting Template

[illegible]

Best Practices

- Use search function on the Assister Dashboard in SSP
- Administrators can use the export function

Assister Dashboard



- Assisters and organizations may benefit from using a daily tracking form.
- Modify or add this reporting criteria to what you are already tracking.

Tracking forms



- Add activity to current daily appointment mechanism.
- Create an appointment calendar for each reporter.
- Make sure everyone is counting the same way

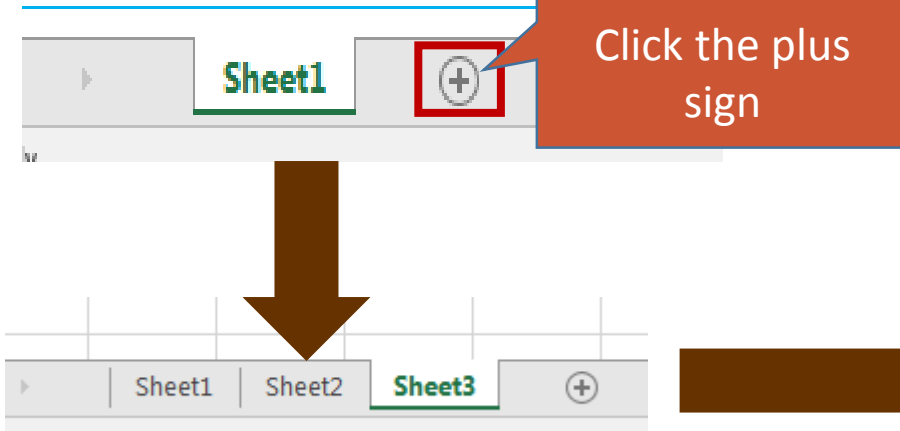
Appointment Calendar



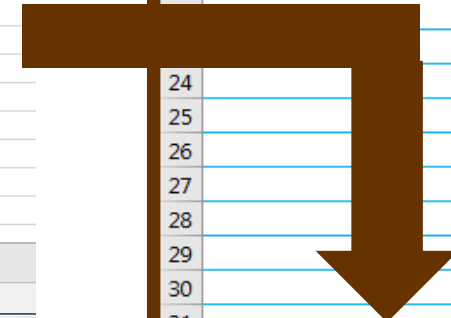
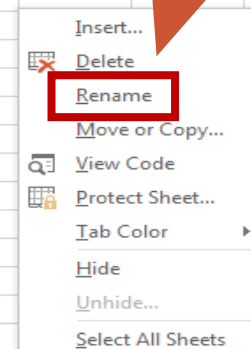
Best Practices

Steps to Label Report

- Click +
- Right click
- Type name
- Save document



Right click in the tab
to open options.
Select Rename and
enter name of month



First Quarter
months are now
set up

The screenshot shows an Excel spreadsheet with the following structure:

	A	B	C
13			
14	Performance Metrics (one month per report and one row per count)		
15	Identifier		
16	Entity Name	County	Report
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

A large brown arrow points from the 'January' tab at the bottom to the first row of the spreadsheet. A red speech bubble contains the text 'First Quarter months are now set up'.

Best Practices

- Count daily activity
- Tally weekly

Weekly



- Keep each month separate

Monthly



- Plan ahead to ensure report is submitted by due date.

Quarterly



Submitting the Report



Reports should be sent electronically to the KOHBIE general mailbox at KHBE.Kynect@ky.gov.

Please be sure to label your **SUBJECT LINE** as follows:

CAC 1ST QUARTER REPORT FOR (INSERT ORGANIZATION NAME).

If you have any questions regarding this requirement or you may also send those communications via email to KHBE.Kynect@ky.gov.

CACs are at risk of losing their certification to assist the public and will lose KOG access if KHBE does not receive reports.

Summary

Reporting is a requirement per regulation

<http://lrc.ky.gov/KAR/900/010/200E.htm>

Best Practices

Don't wait until the quarter is over before you go back to count activity.

Each month is reported on its own form

At the end of the year, there should be 12 forms completed. One for each month.

Use any current tracking methods your organization uses.

Monthly forms are sent together Quarterly

Do not send reports monthly. See the quarterly schedule for submitting report.

Keep it simple

If you have a problem or issue, reach out to KHBE

Send reports to Kentucky Health Benefit Exchange

Send report electronically to KHBE.Kynect@ky.gov

Keep data in a shared location. Not lost if someone leaves the organization.

Webinar Q & A

Question:

If a CAC works for a hospital, do they count the hospital as a referral each time?

Answer:

No, not for incoming referrals. Only referrals that the organization has sent a patient to someone else.

For any other questions or assistance please email khbe.kynect@ky.gov



KENTUCKY HEALTH BENEFIT EXCHANGE
HEALTH INSURANCE
IS FOR EVERYONE. GET YOURS.



Thank you